MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
1	1		1				31						
2		1					32						
3		1		1			33						
4		1		1			34						
5		1					35						
6		5		5			36						
7	1	1	1				37						
8		1					38						
9		8		2			39						
10		2		2			40						
11		2		1			41						
12		2		5			42						
13		2		2			43						
14		1					44						
15		1					45						
16		2		1			46						
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TOTAL IND.	2	2			
TOTAL DEP.		21			
TOTAL CLAIMS	22	23			